



APPLICATION FOR TRANSFER OF QUARANTINE MATERIAL

Transfer from:

Name: _____

Address: _____

QAP No: _____ QC level: _____

Telephone No: _____

Facsimile No: _____

Transfer to:

Name: _____

Address: _____

QAP No: _____ QC level: _____

Telephone No: _____

Facsimile No: _____

AQIS Import Permit Number: _____ **AQIS Entry Number:** _____

Please attach a copy of the permit used to originally import the material if possible.

Product Name(s): _____

Reason for transfer:

Summarise why the material is required to be transferred and the intended use of the material after transfer.

Declaration:

I declare that all of the information provided above is true and correct. Furthermore, I will abide by all quarantine conditions AQIS imposes on the handling of this product.

Signature

Position

Date

18 Marcus Clarke Street Canberra City ACT GPO Box 858 Canberra ACT 2601 ph +61 2 6272 3933 www.aqis.gov.au ABN 24 113 085 695